Health and human rights

If children's lives are precious, which children?

Homeless street children are regularly murdered and tortured in Brazil, Guatemala, Columbia, and elsewhere. In one notorious case in July, 1993, off-duty policemen opened fire on 50 children huddled together near Candelaria church in central Rio de Janeiro; six died immediately and two others were taken to a beach and executed. When these events were reported on the radio, most listeners voiced their approval, as did 15% of respondents in a community survey a week later. Many ordinary decent people in Brazil, who love their own children, do not refer to street children as "children", and when they die they are not called "angels" like other children, but presunto (ham).[1]

Such events and attitudes symbolise much wider issues. In 1991, about 1000 street children were murdered in Brazil, 150 000 died before their first birthday through poverty, poor sanitation, and lack of health care, and a further 2 million were malnourished. Income disparities between rich and poor in Brazil are now greater even than in Bangladesh. On other continents too, Western-led economic orthodoxies put pressure on the ways of life of the least protected, and health and education standards continue to deteriorate.[2] WHO says that by 2000, a third of the world's children will be undernourished.[3]

Since 1989, 2 million children have died in conflicts, the underlying causes of which were frequently linked to the geopolitical and business alliances made by the West with elites entrenched in unstable and inequitable societies.[4] The moral tone is set by the UN Security Council, whose members are the world's major arms manufacturers and who must know that these weapons are mostly for internal oppression. Leaders come and go, some with Nobel Peace Prizes, but the underlying thrust of Western policy has been consistent for centuries: what evidence is there that the lives of non-Western children weigh any more than they did in the eras of slavery and Empire? 30 years of corruption and vicious misrule at home and in East Timor did not dent Western perceptions of Indonesia's Suharto as a reliable ally and good capitalist, as was Mobutu in Zaire. Western governments started to talk about human rights and democracy only in the last weeks of his rule, probably when they saw that his fall

Street children in Brazil

was inevitable. With a successor in place, this talk subsided as quickly as it arose. The same calculations shape relations with Netanyahu in Israel or Zeroual in Algeria. Why does the link between rising infant mortality rates and World Bank prescriptions not haunt the reputation of Western economics and of the officials who carry it out? Who is shamed by the deaths of thousands of Iraqi children since 1991 as a result of the Western embargo?

Yet those responsible are unremarkable individuals who come home to the embraces of their children uncontaminated by thoughts of what their day's work might do to children in Turkey, Algeria, or El Salvador; children whom they perceive as "other". Health professionals too practise moral relativism. An Israeli psychologist, a child-trauma expert, told me that she could not bring herself to treat a Palestinian child because "I would always be thinking that his or her father was a terrorist". Polarised attitudes may be inevitable in societies with endemic conflict, but the result is a kind of blindness with consequences of its own. Language, for example, is used to distance and debase those to whom we do not extend our notions of humanity and fraternity. To call street children in Brazil or Guatemala "vermin" is to prepare the way for atrocity, but is it so very different to use "collateral damage" for the shredding of Iraqi children and their mothers by Allied bombing during the Gulf War?

It is an aphoristic truth that both individuals and whole societies run the moral economy they can afford, or want to afford. The evils of slavery, and of children working 15-hour shifts in coal mines, were only "discovered" when evolving patterns of industrialisation rendered these forms of labour unprofitable. The question is whether we are willing to pay the price of extending to all the world's children the sensibilities we apply to our own. For if not, and if those who are not "our" children are expendable, let us dispense with false sentimentality and say so. Over the body of one street child in Brazil was daubed, the more grotesque for its kernel of truth: "I killed you because you had no future".

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1 Fernandes E. Extrajudicial execution of children: shortcomings of social citizenship and the fallacy of criminal justice in Brazil. *Neth Q Hum Rights* 1994; **12:** 117–35.

2 Logie D, Benatar S. Africa in the 21st century: can despair be turned to hope? *BMJ* 1997; **315:** 1444–46.

3 WHO. Bridging the gaps. Geneva: WHO, 1995.

4 UNICEF. The state of the world's children. Oxford: Oxford University Press, 1996.

Locking the door: US imprisonment of asylum seekers

Julia X, a 20-year-old ethnic Albanian from Kosovo, was raped and harassed by Serbian authorities. She fled to the USA in August, 1997, and expected an offer of refuge from the US Government because some of her family had already been granted asylum. Current conditions in Kosovo would certainly merit protection of individuals with Julia's background. The US Immigration and Naturalization Service (INS), however, has detained her for the

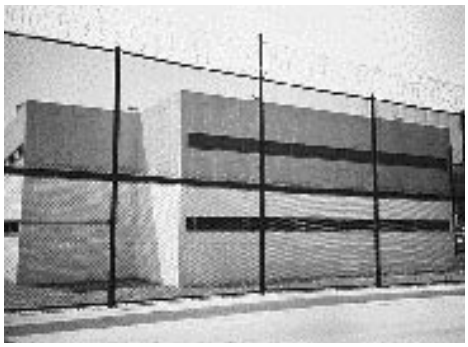
past 11 months in the prison-like Wackenhut Detention Center in Queens, New York.

Operated by a private correctional facility, Wackenhut detention centre is located in a warehouse district, far from the public eye. Julia has suffered from a chronic illness since her arrival. Rather than release her to obtain the medical care that she so desperately needs, the INS has held her in a dormitory with more than a dozen other women, where she has huddled on her bunk bed, too ill to sleep or meet with her attorney. After her asylum hearing was postponed several times because of her ill health, Julia's case was finally decided: the immigration judge found that although she cannot return to Kosovo, she can return to Croatia as a safe third country. She is now under threat of deportation.

Julia is not alone in the appalling treatment she has received at the hands of US immigration authorities. On any given day, the INS holds more than 13 500 people in detention, thousands of whom are asylum seekers. Immigration detention has become the fastest-growing incarceration programme in the USA. Since 1996, the INS has expanded its bed capacity by 42% and aims to double its detention space by the year 2001.

About half of the bed spaces are located in facilities administered or contracted by the INS, such as the Wackenhut Detention Center; the other half are in prisons run by local jurisdictions. All the detention facilities resemble facilities in prison, and most are classified as maximum security. 7% of detainees are women and children are also detained, in clear violation of international laws on the treatment of refugees. Children are housed in secure juvenile shelters, or even in juvenile correctional facilities. Detention can last for months if not years; some Chinese women who fled their homeland to escape forced abortions have languished in county prisons for 5 years, a final decision not yet reached on their asylum claims.

In a 2-year study, the Women's Commission for Refugee Women and Children found that the physical and psychosocial needs of women held in detention are not met.[1] Women are locked in cells, forced to mingle with criminal inmates, wear prison uniforms, and are handcuffed and shackled during transportation. Insufficient help with translation, limited visiting hours, and restricted and expensive telephone systems mean that women are virtually held incommunicado far from immigrant communities and legal and social services. Reports of abuse at the hands of officers charged with the care of detainees are common, and in some cases disturbingly reminiscent of the abuse the women experienced in their home countries.



Wackenhut Detention Center

The physical toll of detention cannot be overemphasised. The inability of detainees to communicate, combined with the slow or inadequate medical response of some facilities to the health needs of detainees leads to instances of medical mismanagement or negligence by the INS and prison authorities. In other cases, the stress and trauma of lengthy detention has caused individuals to develop physical or mental disorders they had not previously experienced.

Health services in INS facilities are generally provided by the US Public Health Service. In the prisons, however, the INS uses only the health services provided to the criminal inmates, most of which are run by outside medical contractors that do not have bilingual medical staff trained to care for patients from different cultures. A psychologist working in a county prison noted: "the INS prisoners seem okay, but it is hard to know what is going on if they don't speak English". Moreover, most staff are male, a culturally inappropriate resource for many female asylum seekers. In some cases, women receive treatment without any explanation of underlying illness or the effects of the drugs they have been prescribed. This approach results in great anxiety and distress; one woman fretted that she "had something growing in her throat". When women are taken off-site for more extensive treatment, they are handcuffed and shackled; one Haitian woman, for example, who was having a miscarriage was forced to wear chains on her way to hospital.

The USA has long claimed to be a protector of international human rights and of individuals forced to flee persecution in their homelands. It is troubling that the USA has drawn a line at its own borders when enforcing these rights at home.

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1 Women's Commission for Refugee Women and Children. Liberty denied: report on conditions of detention for women asylum seekers. Washington DC: Women's Commission for Refugee Women and Children, 1996.

Forensic medicine: international criminal tribunals and an international criminal court

Almost 45 years after Nuremberg, the United Nations (UN) Security Council established two ad-hoc international criminal tribunals to prosecute individuals responsible for serious violations of international humanitarian law committed in the territory of the former Yugoslavia since 1991 (ICTY) and in Rwanda during 1994 (ICTR). These serious violations include genocide, murder, and torture. As members of the teams that investigate the alleged crimes and gather evidence to support the prosecutions, forensic pathologists have a key role in achieving the tribunals' primary aim of bringing war criminals to justice. This collaboration of medical and legal efforts seems to be one of the few ways to deter potential war criminals and help to break the cycle of revenge and counter-revenge that characterises many of the world's worst trouble spots. The forensic documentation relied on by the tribunals for indictment and conviction of perpetrators of crimes against humanity also act as an important historical records of the atrocities.

The statutes for the ICTY and the ICTR create the legal framework, including the establishment of the Office of the Prosecutor (OTP). This body has the power to collect evidence and make on-site investigations. The work of forensic pathologists is crucial in this context, especially in the provision of evidence in trials dealing with